## **DMR Copy of Record**

Permit							
Permit #:	ID0000612	Permittee:	MCCAIN FOODS USA INC	Facility:	MCCAIN FOODS USA	INC - BURLEY FACILITY	
Major:	Yes	Permittee Address:	218 WEST HIGHWAY 30 BURLEY, ID 83318	Facility Location:	218 WEST HIGHWAY BURLEY, ID 83318	30	
Permitted Feature:	001 External Outfall	Discharge:	<b>001-B</b> E. COLI				
Report Dates & Status							
Monitoring Period:	From 01/01/14 to 01/31/14	DMR Due Date:	02/10/14	Status:	NetDMR Validated		
Considerations for Form Completion							
Principal Executive Off	ficer						
First Name:	Jeff	Title:	Plant Manager	Telephone:	208-678-9431		
Last Name:	McCray			· ·			
No Data Indicator (NOD	OI)	ı					
Form NODI:							
Parameter Monitoring Local	ation Season # Param. NODI	Quantity or Loadin Qualifier 1 Value 1 Qualifier 2	g Value 2 Units Qualifier 1 Value 1 Qu	Quality or Concentration alifier 2 Value 2 Qualifier 3		Ex. Frequency of Analysis	Sample Type
		nple	=		9 13 - #/100mL	05/30 - 5 Times Every Month	
51040 E. coli 1 - Effluent Gross		it Req.	<=	126 MO GEO <=	406 INST MAX 13 - #/100mL 0	05/30 - 5 Times Every Month	GR - GRAB
Submission Note	value	RODI					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample							
Type.							
Edit Check Errors							
No errors.							
Comments							
Attachments							
No attachments.							
Report Last Saved By							
MCCAIN FOODS USA I	NC						
User: robin.orthm	nan@mccain.com		Date/	Time: 2	014-02-06 08:26 (Time Zor	ne: -08:00)	
Name: Robin Orthman							
E-Mail: robin.orthman@mccain.com							